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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	
	First Named Inventor	STARNER
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	JULY 27, 2001
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Magnetic Mount Display System

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number <input type="text"/> or Bar Code Label		OR <input checked="" type="checkbox"/> Correspondence address below	
Name <i>Tiffany deLisio</i>			
Address <i>1734 P ST NW #4</i>			
City <i>Washington</i>	State <i>DC</i>	ZIP <i>20036</i>	
Country <i>US</i>	Telephone <i>202-265-1757</i>	Fax <i>801-681-2009</i>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <i>Thad</i>		Family Name or Surname <i>STARNER</i>	
Inventor's Signature <i>Thad</i>		Date <i>7-26-01</i>	
Residence: City <i>Atlanta</i>	State <i>GA</i>	Country <i>US</i>	Citizenship <i>US</i>
Mailing Address <i>1376 Piedmont Avenue</i>			
City <i>Atlanta</i>	State <i>GA</i>	ZIP <i>30309</i>	Country <i>US</i>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <i>Dan</i>		Family Name or Surname <i>STARNER</i>	
Inventor's Signature <i>Dan</i>		Date <i>7-26-01</i>	
Residence: City <i>Atlanta</i>	State <i>GA</i>	Country <i>US</i>	Citizenship <i>US</i>
Mailing Address <i>4867 Ashford Dunwoody Rd. #4003</i>			
City <i>Atlanta</i>	State <i>GA</i>	ZIP <i>30309</i>	Country <i>US</i>
<input checked="" type="checkbox"/> Additional inventors are being named on the <i>1</i> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

[Page 2 of 2]

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☒ The attached application, or
☐ Application No. _____, filed on _____,
☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)

Inventor one: Thad STARNER
 Signature: [Signature] Citizen of: U.S.

Inventor two: Dan ASHBROOK
 Signature: [Signature] Citizen of: U.S.

Inventor three: _____
 Signature: _____ Citizen of: _____

Inventor four: _____
 Signature: _____ Citizen of: _____

☐ Additional inventors are being named on _____ additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/82 (10-00)

Approved for use through 10/31/2002, OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	60/221,095
Filing Date	7.27.00
First Named Inventor	STARNER
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number



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OR

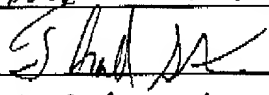
<input checked="" type="checkbox"/> Firm or Individual Name	Tiffany delisio				
Address	1734 P ST NW #4				
Address					
City	Washington				
Country	US	State	DC	ZIP	20036
Telephone	202.265.1757	Fax	801.681.2009		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Thad Starner
Signature	
Date	7.26.01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

Byrdon Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	69/221,095
Filing Date	7.27.00
First Named Inventor	STARNER
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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OR

☒ Please change the correspondence address for the above-identified application to:

☐ Customer Number



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OR


<input checked="" type="checkbox"/> Firm or Individual Name	Tiffany deLisio				
Address	1734 P ST NW #4				
Address					
City	Washington				
Country	US	State	DC	ZIP	20036
Telephone	202.265.1734	Fax	801.681.2009		

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Dan Ashbrook
Signature	
Date	7.26.01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0851-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	7-27-01
First Named Inventor	STARNER
Title	Magnetic Mount Display System
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

☐ Practitioners at Customer Number →

Place Customer
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Label here

☒ Practitioner(s) named below:

Name	Registration Number
Tiffany deLisio	

NY Bar

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith, *if applicable.*

Please change the correspondence address for the above-identified application to:

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OR

☐ Practitioners at Customer Number →

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☒ Firm or
Individual Name

Tiffany deLisio

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washington

State

DC

Zip

20036

Country

us

Telephone

202-265-1757

Fax

801-681-2009

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

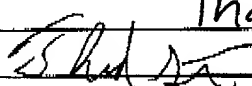
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Thad Starner

Signature



Date

7-26-01

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☒ *Total of 2 forms are submitted.

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

7-27-01

First Named Inventor

STARNER

Title

Magnetic Mount Display System

Group Art Unit

Examiner Name

Attorney Docket Number

I hereby appoint:

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☒ Practitioner(s) named below:

Name	Registration Number
Tiffany deLisio	

NY Bar

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

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OR

☒ Firm or
Individual Name

Tiffany deLisio

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Country

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Telephone

202-265-1757

Fax

801-681-2009

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☒ Applicant/Inventor.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Dan Ashbrook

Signature

Dan Ashbrook

Date

7-26-01

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